

ISSUE SLIP STATION 5 AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>H.S.</i>	<i>866</i>	<i>11/10</i>
FORMALITY REVIEW	<i>H.S.</i>	<i>866</i>	<i>10.02.01</i>
RESPONSE FORMALITY REVIEW	<i>H.S.</i>	<i>866</i>	<i>12.06.01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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10/90/21  
15-55

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